



**UNITED WAY OF KLICKITAT &  
SKAMANIA COUNTIES**

**P.O. Box 1640**

**White Salmon, WA 98672-1640**

**(509) 493-5033**

***Pledge Form***

**Investor Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Pledge Information:**

I pledge a donation in the amount of  
\$ \_\_\_\_\_ to the United Way of  
Klickitat & Skamania Counties. A check  
in the amount of \$ \_\_\_\_\_ is en-  
closed, or I authorize my employer,

\_\_\_\_\_, to  
deduct funds for my donation on the fol-  
lowing basis:

\$ \_\_\_\_\_ Per Pay Period

\$ \_\_\_\_\_ Per Quarter

\$ \_\_\_\_\_ Per Month

\$ \_\_\_\_\_ One Time Donation

Total Amount Pledged \$ \_\_\_\_\_

*Please return this pledge form to the Payroll Department at your company if they can accommodate automatic deductions. Please mail other donations directly to the United Way of Klickitat & Skamania Counties at the above-listed address.*

